

February 21, 2003

Re: Medical Dispute Resolution  
MDR #: M2.03.0567.01  
IRO Certificate No.: IRO 5055

**TRANSMITTED VIA FAX TO:**

Texas Workers' Compensation Commission  
Attention: Rosalinda Lopez  
Medical Dispute Resolution  
Fax: (512) 804-4868

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine, Rehabilitation and Electrodiagnostic Medicine.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

**Clinical History:**

This 48-year-old male sustained a severe head injury on his job on \_\_\_\_\_. He required a craniotomy, repair of a depressed skull fracture, removal of partial lobe in the right frontal region, and removal of a blood clot. Further imaging studies show a persistent right frontal and temporal lobe injury with encephalomalacia, also a left frontotemporal hematoma that is small and does not require evacuation. Some evidence exists of both right and left temporal lobe injuries, right greater than left.

Probably, most important in the patient's history is that he has recovered physical skills quiet well. He has developed a major seizure disorder that is now controlled

with medication. He is in need of cognitive rehabilitation, particularly in relation to job evaluation and re-training.

**Disputed Services:**

Inpatient admission for post-acute brain injury program for physical, occupational, speech and cognitive therapy with 24-hour supervision.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the admission in question is not medically necessary in this case.

**Rationale for Decision:**

There is no question that this gentleman had a significant injury and that he has had a major loss of cognitive skills, particularly in the perceptual cognitive area, but somewhat in memory as well. He is now functioning at least 10-15 points, maybe 20 points, lower on a Performance I.Q. level than he did prior to his injury. There is no question that he has developed a major seizure disorder, which is a problem associated with finding work.

It is quiet clear that the patient will probably improve over the next 2 or 3 years, in part because of physiologic recovery of the brain due to the enormous ability of the brain and body to heal itself. There is also no question that some schooling and advice would be beneficial to this patient in terms of enhancing that. The question is what kind of therapy should be provided and how intensive.

There is no substantial basis for identifying a need for either physical or occupational therapy on an ongoing basis. According to the records, the patient is able to care for himself, handle his own bathroom and toileting needs, is able to eat, is able to do some simple activities around the house, and is able to keep himself somewhat occupied. His greatest difficulty is in the behavioral and cognitive areas.

A once-a-week meeting with a speech and cognitive therapist, with emphasis on the cognitive skills, and establishing a home exercise program, which he does in conjunction with family members, would be a program as successful as the one that is being recommended.

The reviewer is of the opinion that the patient should accept responsibility for his physical skills. A simple exercise program, walking, stretching and strengthening to be done at home, would be all that this patient needs at this point in time.

Literature exists that supports the recommendation for a scaled-down program just as well as it supports an intensive inpatient rehabilitation program. If the patient had greater physical needs, if he had greater problems in activities of

daily living, and if he presented unbearable behavioral problems that would not allow him to live in a home setting, then a residential treatment program would be in order.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 21, 2003.

Sincerely,